SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) 10/019785 CLAIMS AFTER AFTER AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. INE DEP Ĝ <u>:0</u> :2 : 3 <u>. 6</u> :7 :8 $\bar{\mathfrak{z}_0}$ <u>J:1</u> 2 2 2 2 2 3 3 3 1 2 3 4 5 5 5 3 7 3 9 1 1,5 3 3 A. TOTAL IND. TOTAL DEP. Jeins MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS VILLE DE PARTMENT & COMMERCE